Air Force Flight Test Center
Edwards Air Force Base

Leadership Substance Abuse Course (LSAC)

Goal

- Gain awareness on substance abuse issues how these issues affect readiness of Edwards and throughout the Air Force

LSAC for Supervisors

Course Objectives

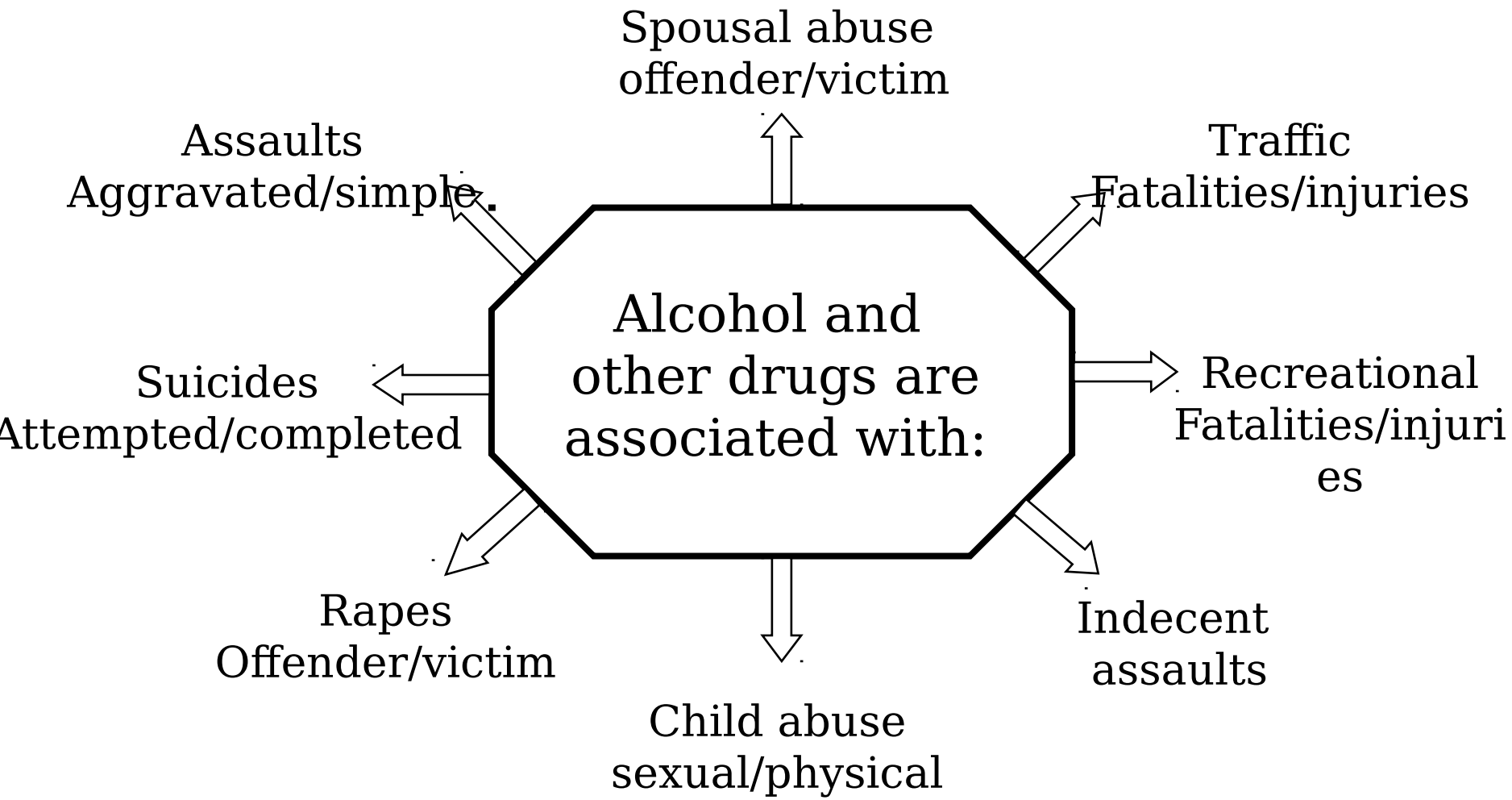
- Describe AOD threat to readiness
- Describe supervisor’s role in substance abuse
- Identify problems and intervene proactively
- Educated on illicit substances

Module 1
Introduction

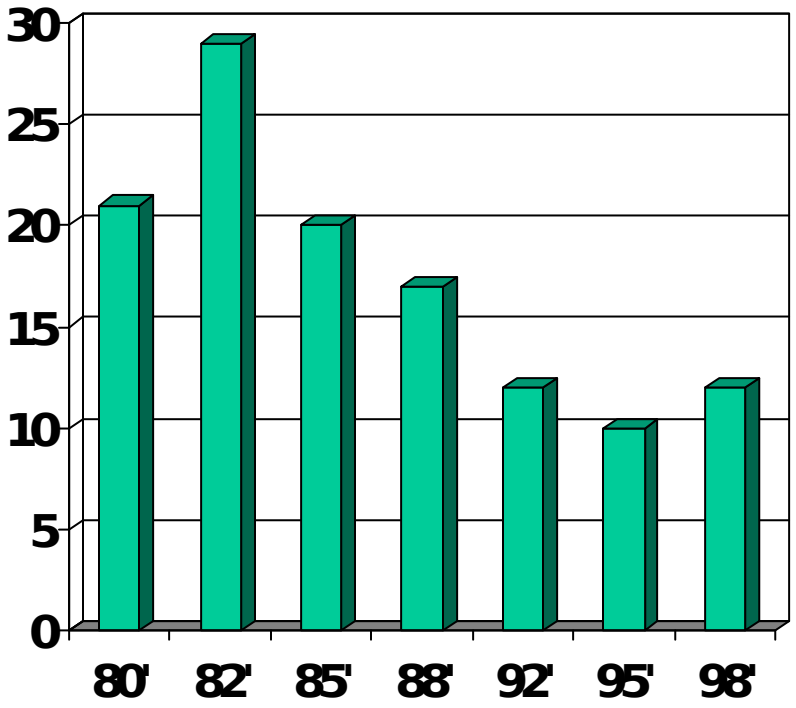
Objectives:

- Discuss the impact of substance abuse
- Describe threat to readiness posed by substance abuse
- Identify links between substance abuse, and health, safety and discipline issues

Impact of Substance Abuse



Loss of Productivity



- Percent of Airman reporting loss of

  productivity due to alcohol abuse last year

Source: 1998 DoD Survey of Health Related Behaviors Among Military Personnel

Module 2
Drug Policy and Programs

Objectives:

- Discuss current policy and programs
- State importance of maintaining vigilance against drug abuse

1980 DoD Survey of Non-Medical Drug Use

- **Air Force self-reporting using drugs other than alcohol – 23%**
- **E1 - E5 reporting marijuana use within past 30 days – 14.5%**

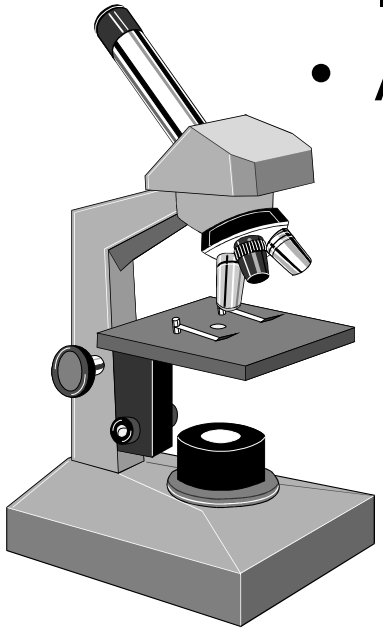
Drug usage in 1998 (last survey)

2.4% (why the reduction)?

Other Illicit Drugs Used

Tested by urinalysis

- LSD
- Morphine
- Codeine
- Heroin
- Designer drugs
  - e. g. Ecstasy
- PCP



Not tested by Brooks Labs

- Inhalants
- Anabolic Steroids

Drug Policy

- Zero tolerance for use of illicit drugs
- Process for administrative separation
- Treatment offered
  - All paperwork for discharge will be completed prior to treatment

Drug Policy

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Urinalysis Program

- Edwards 10% monthly for random urinalysis
- A minimum of one unit sweep per year
- Positive samples tested three times:
  - different stations;
  - first two identify drug presence;
  - third “fingerprints” drug;
  - need 3 positives to result in positive report.

Module 3
Alcohol the Substance

Objectives

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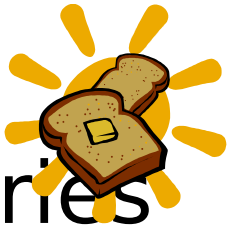
- List components of alcohol
- State effects alcohol has on emotions and behavior
- Define basic drinking patterns
- List basic signs and symptoms of an alcohol problem

Alcohol is:

- A **Drug** - but do we treat it as a drug?

- A **Food** - 170 empty calories



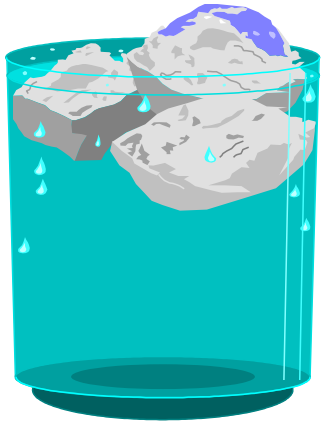
- A **Toxin** - Acetaldehyde

A Drink = 1/2 oz of alcohol

12 oz.

5 oz.

1.5 oz.



More than a drink: Long Island Iced Tea, Zombie, Margarita, Shooter, Martini, 151 rum, etc.

How Alcohol Works

- Liver processes about ½ oz of alcohol per hour
- Excess released into bloodstream
- Chemicals released in brain cause the “high”
- Synergistic effect when combined with other drugs

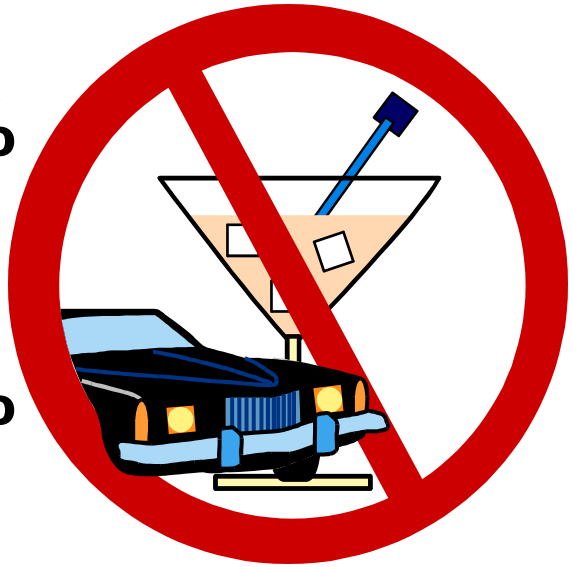
BAC and Behavior

- .01 - .04% Impaired ***judgment***
- .05 - .09% ***Motor*** and ***perception*** skills diminished
- .10 - .14% Slurred ***speech,*** exaggerated ***emotions***
- .15 - .20% Disorientation
- .21 - .30% ***Severe*** motor ***disturbance***, passing out
- .31 - .39% Serious loss of ***feeling*** and ***sensation***.
- .40 - .60% Unconsciousness, ***coma or DEATH!!***

BAC and Driving

- The likelihood of a car crash at:

BAC	
.01 - .04%	**1.4** times greater
.05 - .09%	**11.1** times greater
.10 - .14%	**48** times greater
.15% >	**380** times greater



Source: *NIAAA ALCOHOL ALERT No. 31 PH 362 Janu*

Moderate Drinking

As defined by the *Department of Health and Human Services* to avoid Health complications

day

Men

1 per day

Women

But <u>not</u> if:

- attempting pregnancy
- pregnant
- nursing
- underage
- driving
- can't control intake
- doing skilled tasks
- taking medication
- recovering

Spectrum of Drinking

FIRST CONTACT
EXPERIMENTATION
INTEGRATION
ABUSE: Problems we see - financial, late to work, hangovers at work, alcohol on breath at work, relationship problems, blackouts, legal, etc.

STAGES OF ADDICTION

EARLY	BLACKOUTS, TOLERANCE, SNEAKING, HIDING
MIDDLE	LOSS OF FAMILY, FRIENDS, JOBS
LATE	SPIRITUAL DESPERATION - HOPELESS & HELPLESS

Temp Source: IMPACT manual, Mr. Greg MacDonald

Alcohol Abuse

"Alcohol abuse negatively affects public behavior, duty performance, and/or physical and mental health."

AFI44-121

Alcoholism

"A primary, chronic, disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by:

Impaired control over drinking

Preoccupation with the drug alcohol

Use of alcohol despite adverse consequences

Distortions in thinking, mostly denial

Each of these symptoms may be continuous or periodic and includes the diagnoses of alcohol abuse and alcohol dependence.

AFI44-121

Alcoholism –
A Treatable, Preventable Disease

- World Health Organization 1951
- American Medical Association 1956
- American Hospital Association 1957
- American Psychiatric Assn 1965
- Public Law 92-129 1971

Signs and Symptoms

- **Problems** - marital, family, financial, legal, relationships, responsibility, work etc.
- **Denial**
- **Blackouts**
- **High tolerance**

Bottom line: If drinking causes problems, drinking is a problem

Predictable Path of Alcoholism

Problem

Minor

Disciplinary

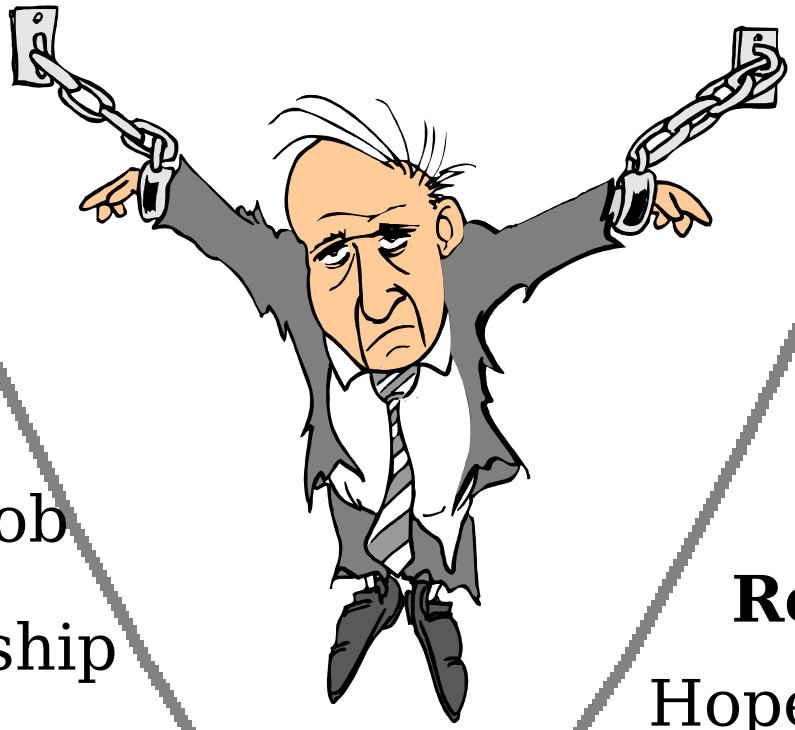
Financial

Family

Major Job

Relationship

Hospital,
Institution,
Jail or Death



NEW LIFE!

Return of
self-esteem

Positive thinking

Recovery *begins*

Hope

Intervention

Supervisor's Role: Raise The Bottom

Module 4
Alcohol Policy

Objective

- State current policies and programs related to prevention, intervention, and treatment
- Define alcohol related incident
- Compare discipline and help
- Identify key elements of a Command Prevention Program
- State the Edwards vision related to alcohol abuse

Edwards Substance Abuse prevention goals

- Enhance readiness
- Provide a safe and productive working environment
- Improve QOL for Airmen and families
- Responsible Use

Emphasis: Responsibility

- Personal
- Other Airmen
- Leadership
- Command

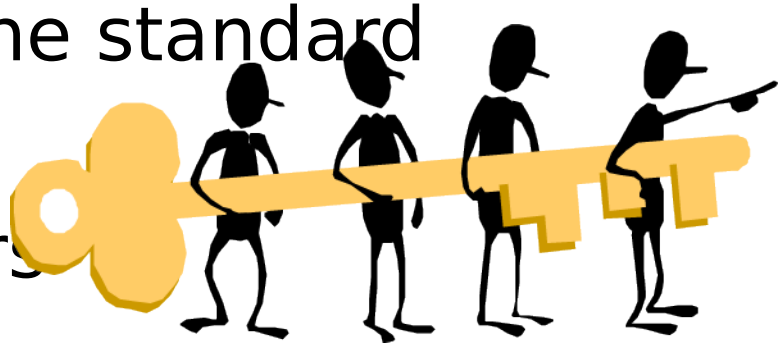
.while promoting healthy lifestyles

Education & Training on Edwards

- **Substance Abuse Awareness Course:** E1-E4
- **SASIC:** E-5-E-6
- **Supervisors:** E-7 and above
- **Commanders briefs:** All commanders on Edwards
- ADAPT program

Our Vision

- 20 years from now…
  - No longer losing Airmen in alcohol related auto crashes
  - Zero Airmen arrested for DUI
  - Less than 1% of our Airmen affected
  - Responsible use is the standard
  - Abuse not tolerated
  - Proactive Supervisors

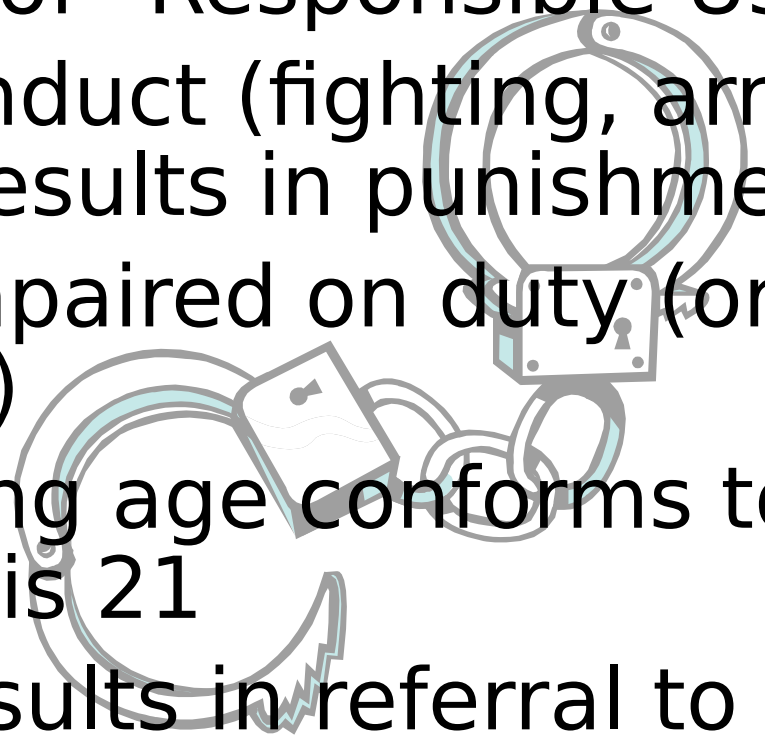


Responsible Use

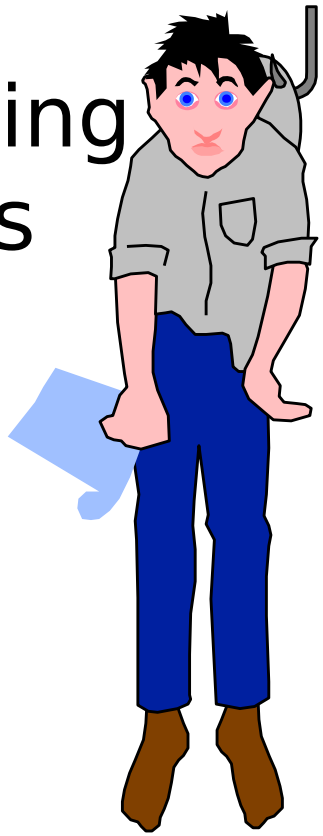
- Drinking lawfully and responsibly:
  - the appropriate quantity
  - in an appropriate place
  - at an appropriate time
- No drinking to the extent that it impairs:
  - judgment
  - dependability
  - reliability
- No drinking and driving

The Rules

- Policy of “Responsible Use”
- Misconduct (fighting, arrests, DUI, etc.) results in punishment
- Not impaired on duty (or in duty status)
- Drinking age conforms to local law which is 21
- ARI results in referral to ADAPT



Alcohol Related Misconduct



"This type of conduct includes driving while intoxicated, public incidents of intoxication and misconduct, under-aged drinking, or similar offenses and is a breach of discipline.

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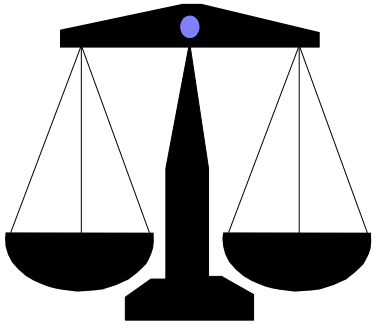
Balancing Help and Discipline



Alcohol Related Incident

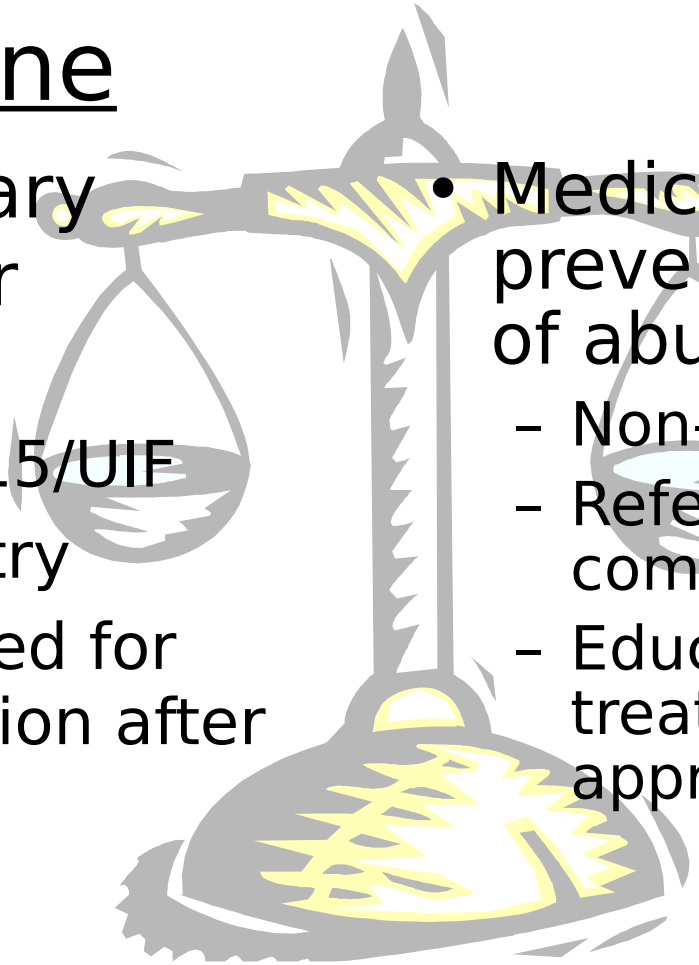
Consequences for Behavior (via Chain of Command)

Medical Assistance (via ADAPT)

Defining the Balance

Discipline

- Disciplinary action for behavior
  - Article 15/UIF
  - Eval entry
  - Processed for Separation after 2nd ARI

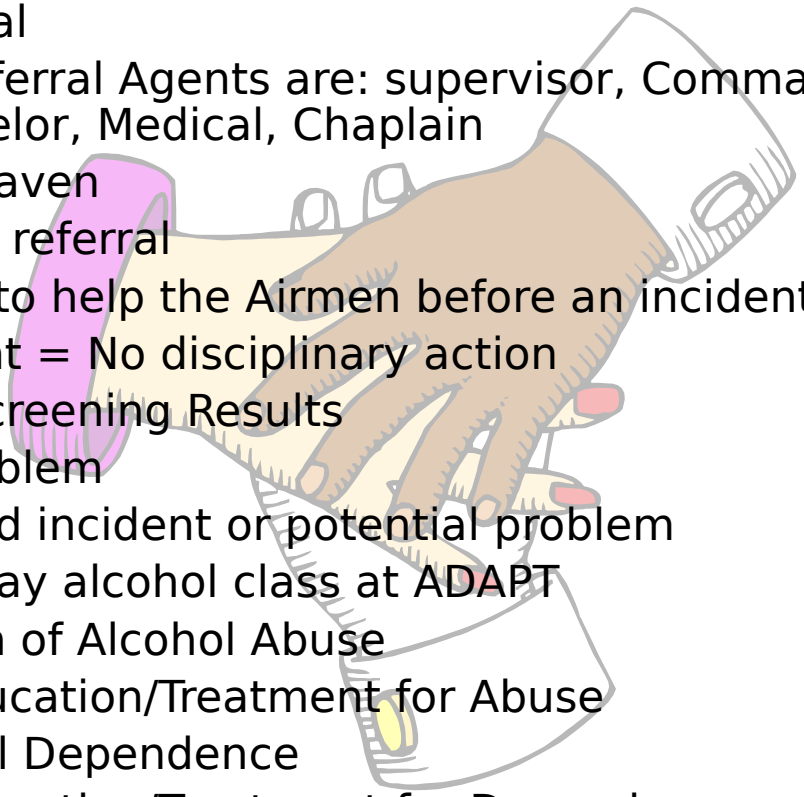


Help

- Medical referral for prevention/treatment of abuse/dependence
  - Non-punitive
  - Referral through command
  - Education and/or treatment as appropriate

Non-ARI Referrals

- Self-referral
  - Self-referral Agents are: supervisor, Commander, OIC, 1stSgt, Counselor, Medical, Chaplain
  - Safe Haven
- Command referral
- Designed to help the Airmen before an incident occurs
- No incident = No disciplinary action
- Medical Screening Results
  - No problem
  - Isolated incident or potential problem
    - 3 day alcohol class at ADAPT
  - Pattern of Alcohol Abuse
    - Education/Treatment for Abuse
  - Alcohol Dependence
    - Education/Treatment for Dependence



Treatment vs. Prevention

- “Treatment is like repairing the bodies after they’ve fallen off the cliff onto the rocks below. Prevention is doing simple things like building a fence to stop them from falling.”

Fr. Martin

(renowned speaker in field of alcohol awareness)

Successful Command Substance Abuse Prevention Program

- Announce command policy
- Educate all members
- Deglamorize alcohol
- Reduce risks i.e. limit availability
- Provide alternatives
- Glamorize alternatives
- Hold people accountable consistently

Module 5
The Supervisor's Role

Objective: Describe Supervisor's role in

- Prevention
- Observation
- Documentation
- Intervention
- Referral
- Treatment
- Aftercare

Prevention

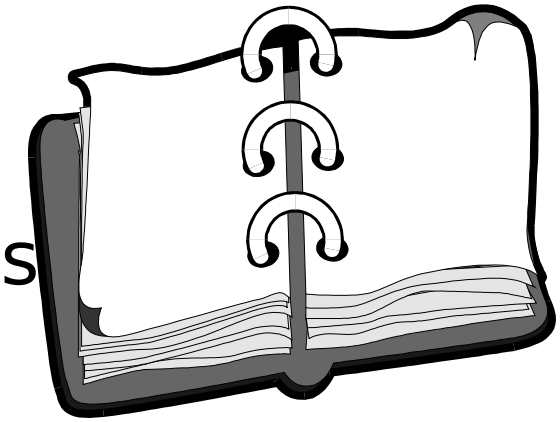
- Lead by example
- Know and support command policy
- Ensure Airmen attend education
- Ensure consistent consequences
- Promote alternatives
- Promote climate which says “It’s OK not to drink”

Observation

- Warning signs and behaviors
  - Troubles at work
  - Troubles off the job
  - Changes in friends/relationships
  - Personality changes
  - Suicide gestures

Documentation

- Supervisory tool (positive/negative)
- Progressive discipline
- Memory aid
- Aid to determine patterns
- Basis for intervention
- Assistance to ADAPT in addressing substance abuse problems



Intervention

- Prepare
  - Review and organize documentation
- Schedule
  - Never when feelings running high
  - Never if member under the influence
- Communicate **job-related** concerns
- Be specific and non-judgmental

Defense Mechanisms

- Denial
- Smokescreens
- Explosions
- Intellectualizing
- Prejudice
- Repentance

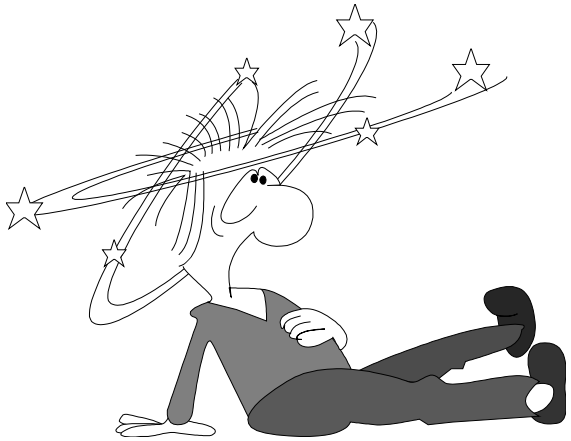
Your response: stay on topic, stick to the facts.

Referrals

- Self
- Command

  Reduces impact on readiness

  No discipline



- Incident

  Impacts readiness

  Consequences for behavior

Self Referrals

- Air Force members with substance abuse problems are encouraged to seek assistance from the unit commander, first sergeant, substance abuse counselor, or a military medical professional.
  - An Air Force member may voluntarily disclose evidence of personal drug use or possession to the commander, first sergeant substance abuse evaluator, or medical professional.
  - Commanders will grant limited protection for Air Force members who reveal this information with the intention of entering treatment.
  - Commanders may not use voluntary disclosure against a member in an action under the UCMJ or when weighing characterization of service in a separation

Self Referrals

- **Disclosure is not voluntary if the Air Force member has been previously been:**
  - Apprehended for drug involvement
  - Placed under investigation for drug abuse
  - Ordered to give a urine sample as part of the drug testing program
  - Advised of a recommendation for administrative separation for drug abuse
  - Entered treatment for drug abuse

Leadership Roles

- Commanders shall refer all service members or for assessment when substance use is suspected to be a contributing factor in any incident
- Commander of first sergeant closely examines all DD Form 1569, Incident Complaint Record for evidence of substance abuse
- After coordination with the SJA, commanders will direct drug testing within 24 hours of suspected alcohol related incidents or misconduct, episodes of aberrant or bizarre behavior, or where there is reasonable suspicion of drug use and the member refuses to provide consent for testing.
- Commanders contact ADAPT staff within 7 days of the incident to initiate the assessment process. (If DUI/DWI as soon as possible)
- Ensures assessment and treatment is not delayed by ordinary leave or TDY.

Role During Treatment

- Support treatment times and attendance
- Provide work guidelines
- Visit Airmen if at impatient
- Attend commencement ceremony (if individual has one)
- Treatment team meetings (check for changes/progress.
- NEED IMPUT!

Re-entry after Treatment

- Establish clear:
  - direction for work assignments
  - standards for performance and behavior
- Support aftercare plan
- Avoid special treatment

Sample Aftercare Plan

- Attend 12-step meetings
- Weekly aftercare group
- Participate in continuing care

Each aftercare plan is personalized and

developed by the member, MTF, ADAPT and Commander

Aftercare and Continuing Care

Aftercare:

- Command
- Administrative monitoring
- Up to 12 months

Continuing Care:

- Medical
- Clinical treatment
- Variable

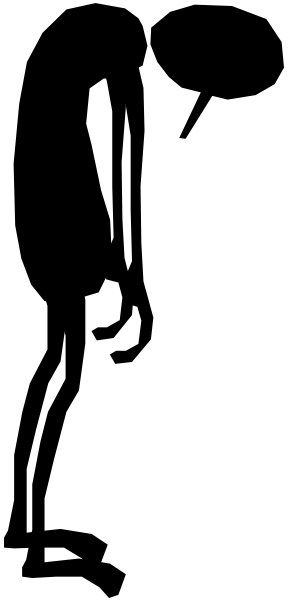
Relapse

- Signs of relapse usually occur before a return to drinking and before an incident
- Look for relapse signs
- Recognize return to old behaviors

At first sign of relapse, contact ADAPT

Alcohol and Suicide

- Alcohol is a depressant drug
- Depression is underlying cause of suicide
- Alcohol plays major role in suicides of the:
  - Occasional user
  - Abuser
  - Alcohol dependent



Take ALL suicide talk seriously.

Reach out and get immediate help.

Don’t leave the Airmen

Module 6
Into Action

Objectives:

- Define enabling
- Identify personal enabling behaviors
- Identify methods of deglamorization, prevention, and education for yourself and your work center

Enabling Defined

In the context of this course:

- Allowing individuals to continue their abusive behavior without suffering the natural consequences of their behaviors.

Enabling: What Is It?

- **HELPING** people avoid facing facts by minimizing actions
- **RESCUING** people out of troublesome situations caused by their own actions
- **PROTECTING** people from facing the consequences of their own actions

Enabling: Who Does It?

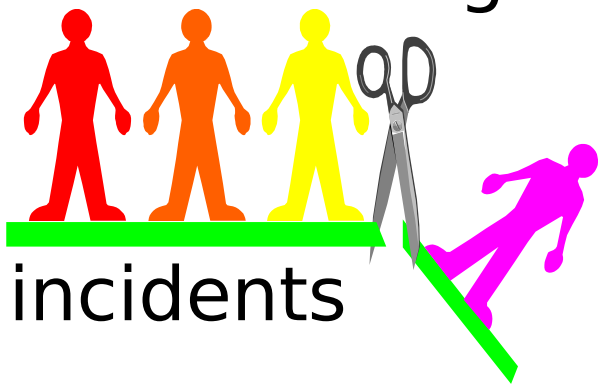
- Well-intentioned supervisors and leaders
- Leaders and supervisors who care about their people
- Uninformed supervisors and leaders
- Co-workers, friends, spouses, etc.

What An Enabler Says

- “I don’t want to affect their career”
- “Maybe if I were a better supervisor he/she wouldn’t have gotten into trouble”
- “I don’t want to label anyone as a drunk”
- “It’s too hard to confront and document”
- “There’s nothing I can do”
- “I can’t afford to lose them from the job”

Enabling Consequences Harmful to:

- **The individual**
  - Encourages irresponsible or self-destructive behavior
  - Prevents individuals from realizing what they're doing
- **The Air Force**
  - Increases number of incidents
  - Impacts the mission



Enabling vs. Prohibition A Continuum

ENABLING

No consequences for behavior

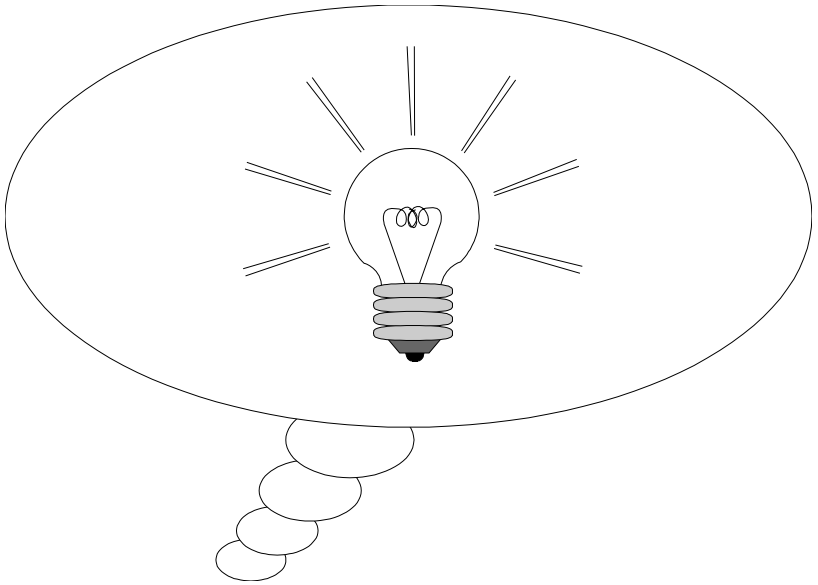
PROHIBITION

“Alcohol police”

- Consequences are appropriate
- Expectation is responsible use
- Use is deglamorized

Into Action

- Break into groups and brainstorm ideas for putting prevention into action:
  - Personal
  - Airmen
  - Leadership
  - Command



Module 7 Summary

Objectives:

- Review:
  - Goals
  - Key points
  - The Edwards vision

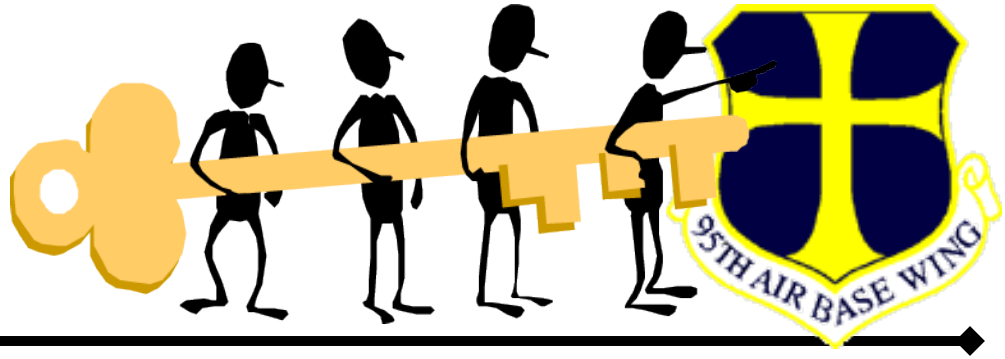
Goals revisited

- State threat to readiness
- Support ADAPT/DDR campaign
- List key elements of the Air Force drug and alcohol policies and programs
- State supervisor’s role in Prevention
- Identify problems and intervene proactively

Key Points

- Impact of substance abuse
- AOD policies and programs
- Alcohol and drinking patterns
- Edwards campaign
  - Personal, Airmen, Leadership, Command
- Supervisor's role
  - Prevention, Observation, Documentation, Intervention, Referral, and Treatment

The Vision



- 20 years from now…
  - No longer losing Airmen in alcohol related auto accidents
  - Zero Airmen arrested for DUI
  - Less than 1% of our Airmen affected
  - Responsible use is the standard
  - Abuse not tolerated
  - Proactive supervisors

Part of Problem or Part of Solution

- Do you:
  - lead by example?
  - ensure your Airmen are trained?
  - glamorize or deglamorize alcohol?

- Are you <u>actively</u> involved in promoting alternatives and healthy lifestyles?

Drug Threat Assessment

- An Edwards Air Force Base “needs assessment” was completed in July 02 which identified the following:
  - Stimulates (Amphetamines/Methamphetamines) are a significant threat to Edwards
  - Outreach programs need to be improved

Edwards Substance Abuse Needs Assessment

- Weekend testing should be conducted to raise the deterrence level
- Development and implementation of 3 tool kits
  - Alcohol awareness course (E-5 and below)
  - Club drug tool kit for commanders
  - Alcohol Awareness for supervisors
- Underage drinking is significant on Edwards

Drug Information Marijuana

- Plastic Baggie
- 35mm film container
- Wrapped in plastic to avoid odor

Methods of ingestion/onset of effects

- Smoked / 10 to 30 min
- Eaten / varies

Lasts for 2 to 3 hours

Physical and Psychological effects

- Relaxation
- Happiness
- Euphoria
- Increased heart rate
- Paranoia
- Increased appetite
- Restlessness
- Anxiety attacks
- Panic attacks

Marijuana

- Weed
- Pot
- “J”
- Herb
- Joint
- Blunt
- Mary Jane
- Reefer

Paraphernalia

- Bongs
- Rolling Papers
- Roach clips
- Scales
- Lighters
- Large plate for cutting and removing seeds from Marijuana
- Aluminum cans for smoking Marijuana
- Aluminum foil pipes
- Dug out
  - Metal pipe with a hollow end that holds Marijuana

MDMA (Ecstasy)

Appearance

- Normally pills, however comes in powder, or capsules

Packaging

- Plastic ziplock baggies
- Shampoo bottles for smuggling
- Packs of candies (look very similar)

Methods of ingestion/ onset of effects

- Orally / 20-40 min
- Snorted / 5-10 min
- Smoked / 20-30 sec
- Injected / 10-20 sec

Physical and Psychological effects

- Euphoria
- Empathetic feelings
- Nervousness
- Rapid Heart beat
- Teeth grinding
- Scratching / rubbing skin

MDMA (Ecstasy)

Street Name

- “E”
- “X”
- Hug drug
- Go
- Disco Bisket
- Adam
- “Rollin” (under the influence of MDMA) “are you rollin”?

Paraphernalia

- Blow Pops
- Pacifier
- Vapor Rub (methanol)
- Chem. lights
- Surgical masks
- Nasal inhalers

Methamphetamine

Appearance

- Powder or Compressed powder
- “ICE” clear or yellowish rock

Packaging

- Tin foil
- Paper
- Glass vial
- Capsule
- Plastic Baggie

Methods of ingestion/ onset of effects

- Inhaled / 3-5 min
- Injected / 5-10 min
- Smoked / 5-10 min
- Swallowed/ 10-20 min

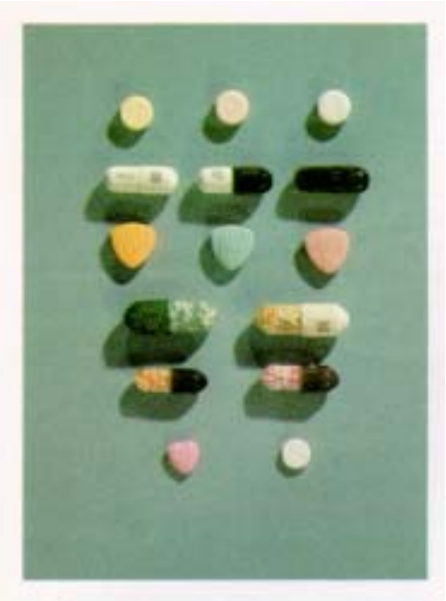
Physical and Psychological effects

- Depression
- anxiety, fatigue,
- Paranoia
- aggression, and intense cravings for the drug
- Violent behavior (homicidal/suicidal)

Methamphetamine

Street Name

- Bikers Coffee
- Chalk
- Chicken Feed
- Crank
- Crystal Meth
- Glass
- Go-Fast
- Ice
- Methlies
- Quick
- Poor Man's Cocaine
- Shabu
- Speed



Paraphernalia

- Mirrors
- razor blades
- Straws
- small plastic tubes (used to "snort" speed)
- oddly-folded pieces of paper (used to store speed)
- small plastic bags (around 1" square), glass vials, glass pipes.

Cocaine

Appearance

- White to off white powder
- Flaky
- Rock (compressed)

Crack

- White to tan
- Rock like substance
- Waxy appearance

Packaging

- Tin foil
- Glass vial
- Plastic Baggie

Methods of ingestion/ onset of effects

- Inhaled / 3-5 min
- Injected / 5-10 sec
- Smoked / 5-10 sec
- Swallowed/ 3-5 min

Physical and Psychological effects

- Increased Alertness
- Euphoria
- Hallucinations
- Panic attacks
- Increased heart rate
- Dilated pupils
- Paranoia

Cocaine

Street Name

- Coke
- Snow
- Blow
- Toot
- nose candy
- Flake
- the lady

Paraphernalia

- Mirrors
- razor blades
- Straws
- Grinders
- Spoons
- Plastic baggies
- Scales
- Pipes (crack)

Ketamine

Appearance

- Comes in Liquid however can be made into a white powder

Effects of Ketamine

- Euphoria
- Loss of inhibitions
- Out of body experiences
- Numbness of body

Street Name

- Special “k”
- Cat Valium
- K
- Jet
- Green
- Super C

Uses of Ketamine

Ketamine is primarily used in veterinary medicine and a general antistatic.

Rohypnol (Ruffies)

Appearance

- White color tablets

Effects of Ketamine

- Loss of inhibitions
- Drunken state
- Memory loss
- Coma
- Blackouts Out
- Confusion
- Possible death if overdosed

Rohypnol tablets are white and are single- or cross-scored on one side with "ROCHE" and "1" or "2" encircled on the other.

Street Name

- “Rophy”
- “circles”
- “rope”
- “rib”
- “roach-2”
- “roofies”
- “roopies”

Uses of Rohypnol

Rohypnol is legally proscribed in over 50 countries (including Mexico) for treatment of insomnia or as an pre anesthetic.

Lysergic Acid Diethylamide (LSD)

Appearance

- Different colors
- Can come in Microdots, on blotter paper, or in pills.

Effects of LSD

- Visual hallucination
- Distortion of sizes and shapes
- Impaired judgment

Street Name

- "Acid"
- "Double Dome"
- "Cube"
- "Stamps"
- "A-Bombs"
- "Dots"
- "Paper"

Users of this drug state

"They hear colors and see sounds"

Heroin

Appearance

- White powder
- Tan powder
- Black Tar

Effects of Heroin

- Affects the central nervous system and acts as both a depressant and an analgesic (pain killer)

Street Name

- “Smack”
- “Junk”
- “Bags”
- “Horse”
- “Tar”
- “Bundles”

Heroin is highly addictive and is the most abused opiate drug”

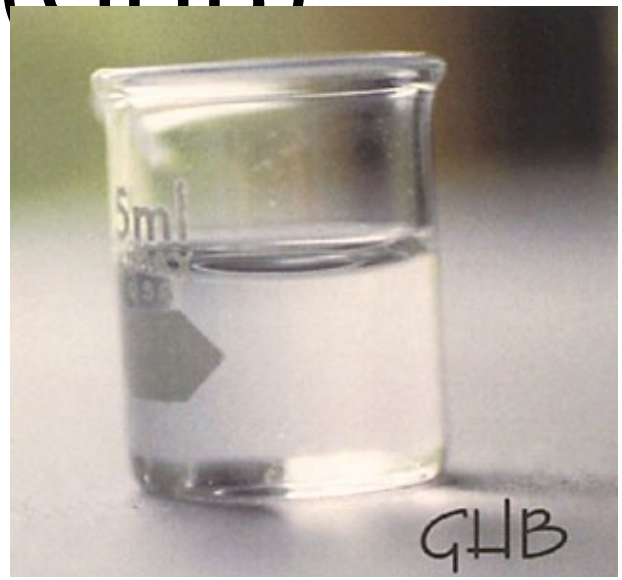
Gama Hydroxy Butyrate (GHB)

Appearance

- Clear liquid
- Salty taste
- Thicker then water

Effects of GHB

- Euphoria
- Anxiety
- Loss of inhibition
- Loss of coordination
- Impaired judgment



Street Name

- "Liquid E"
- "G"
- "Easy lay"
- "Salty water"
- "Georgia homeboy"
- "Liquid X"
- Scoop

GHB is legally produced in Europe and is used in the treatment of sleep disorders. It was also used by body builders as a growth hormone stimulant.

Prevention for supervisors

- Lead by example
- Make consequences fair/consistent
- Understanding Substance Abuse and behaviors
- Shape environmental attitude
- Support alternatives
- Become educated
- Be visible and molding presence

Possible High Risk Behaviors

- Behavior / personality change
- Sleeping at work
- Late or leaving early repeatedly
- Lack of motivation
- Erratic judgment
- Poor performance
- Unexplained absences
- Bloodshot/watery eyes

Possible High Risk Behaviors

- Dilated pupils
- Unexplained outbursts of anger
- Mood swings
- Unreliability
- Lethargy at work
- Sick call or calling in sick frequently
- Poor hygiene
- Secretive behavior

Changing the Environment

- Enabling Statements
  - “My Airman work hard, they deserve to play hard”
  - “If I report this, he/she may get thrown out of the Air Force”
  - “There’s nothing I can do”
  - “Everybody’s doing it”
  - “They’re just a cross segment of society”
  - “It’s none of my business what they do on their off time”
  - “I can’t afford to loose the person from the job”
  - “This will reflect bad on the command”

Support alternatives

One of the biggest reasons for drinking among our young service people is BOREDOM. Many young Airman report they simply have nothing better to do or it costs too much to do the “fun” activities.

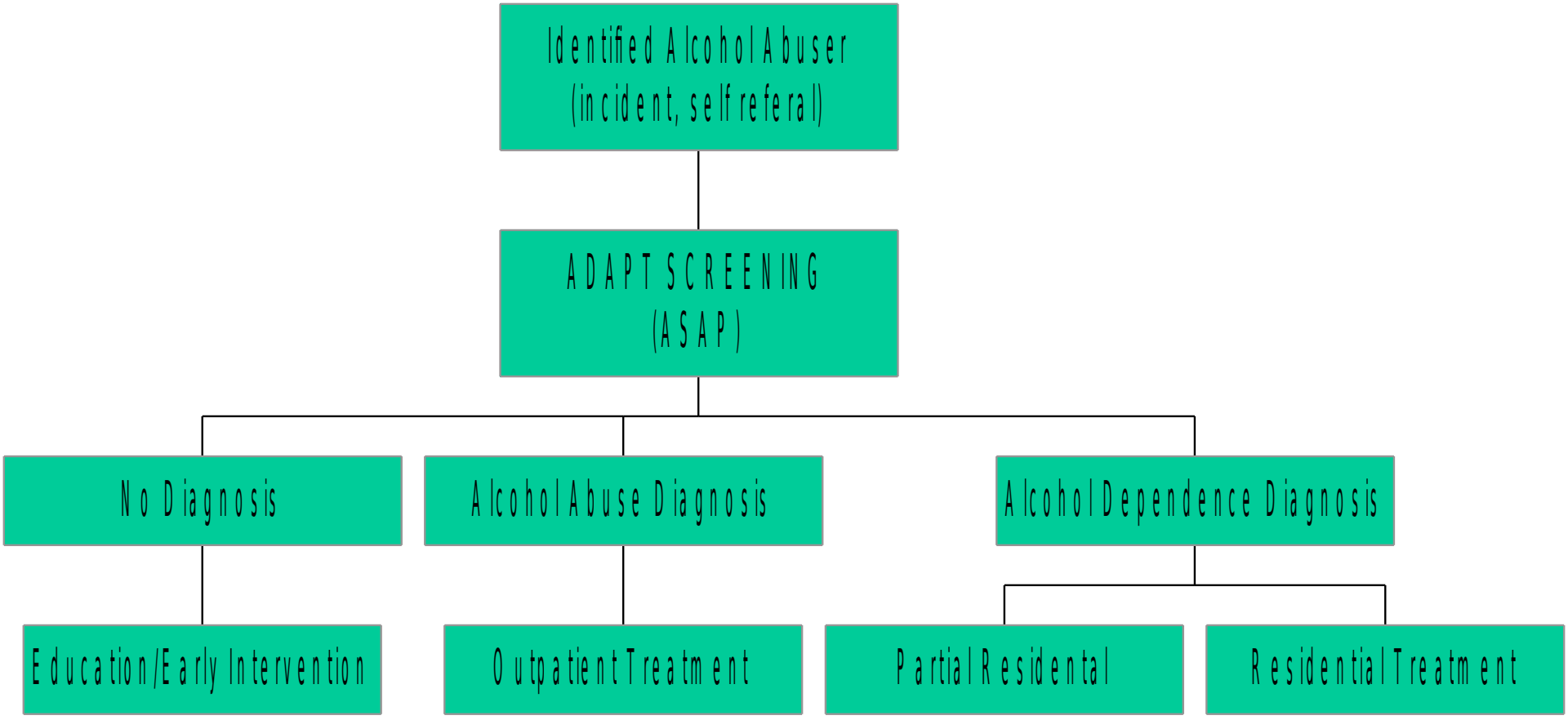
There are many great services on this base that will not only help your young Airman spend their time hopefully alcohol free, but could enhance the mission of the Air Force.

Some Airman do not know what services are available to them, however as concerned leaders we need to do the following:

- Make them Aware of activities available
- Give them encouragement and recognition for participating in them. (supporting positive change)
- Work with MWR staff to coordinate events

Flowchart to ADAPT

Air Force Policy on Refering to ADAPT



Relapse Signs

- Apprehension about well-being
- Denial
- Adamant commitment to sobriety
- Loneliness
- Minor depression
- Wishful thinking
- Self-fulfilling failure
- Irritation with friends
- Easily Angered
- Listlessness
- Irregular sleeping habits
- Irregular meeting attendance
- General Dissatisfaction
- **THOUGHTS OF SOCIAL DRINKING!**

Programs for Substance Abuse

Edwards has an outstanding prevention and treatment program available to you or your command to increase mission readiness.

The following are educational substance abuse prevention that are available on Edwards:

- Club Drugs Tool kit for Commanders
  - Mandatory implementation from Gen. Lyles
- Squadron Alcohol Skills Intervention Curriculum
  - Peer based training designed for E-5 and below
- Alcohol Awareness Course
  - Designed for E-4 and below
- Substance Abuse Leadership Course

Please contact the Drug Demand Reduction team for further information or scheduling at 277-1355/54

Resources for Leadership

ADAPT Program 277-5291

Drug Demand Reduction Program 277-1355

OSI 277-4444

Employee Assistance Program 277-6073

For further information

http://www.whitehousedrugpolicy.gov

http://www.theantidrug.com/

http://www.nida.nih.gov/

http://www.health.org/